

STATEMENT OF ABANDONMENT

Of use of fictitious business name statement

A MAIL FILED DOCUMENTS TO:

NAME: _____

MAILING _____

PHONE: () _____

MONO COUNTY CLERK-RECORDER'S FILING STAMP

*** Clerk to enter app. # in section 8A below**

B. Once filed, publish once per week for 4 consecutive weeks:
MAMMOTH TIMES NEWSPAPER P.O. Box 3929, Mammoth Lakes, CA 93546 (760) 934-3929

THE FOLLOWING PERSONS HAVE ABANDONED THE USE OF THE FICTITIOUS BUSINESS NAME:

1.	Fictitious Business Name(s)		3.
	1. Articles of Incorporation or Organization Number (if applicable)		
	2.		
2.	Street Address, City, & State of Principal Place of Business in CA		Zip Code
4	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization)		
	Mailing Address	City	State Zip Code
4a	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization)		
	Mailing Address	City	State Zip Code
4b	Full Name of Registrant (if corporation or limited liability company- show state of incorporation or organization)		
	Mailing Address	City	State Zip Code
5	THIS BUSINESS IS CONDUCTED BY- CHECK ONLY ONE <input type="checkbox"/> an individual <input type="checkbox"/> joint venture <input type="checkbox"/> a limited partnership <input type="checkbox"/> an unincorporated assoc. <input type="checkbox"/> husband and wife <input type="checkbox"/> a corporation <input type="checkbox"/> a general partnership other than a partnership <input type="checkbox"/> co-partners <input type="checkbox"/> a business trust <input type="checkbox"/> a limited liability co. <input type="checkbox"/> Other:		

7	If Registrant is not a corporation, sign:		7A If Registrant is a Corp/limited liability, sign:
	SIGNATURE	TYPE OR PRINT NAME	CORP. OR LIMITED LIABILITY CO. NAME
	SIGNATURE	TYPE OR PRINT NAME	SIGNATURE/TITLE

8 Filing Fees: Abandonment \$7.50. Mail COMPLETED abandonment form, with payment, to: Mono County Clerk's Office, P.O. Box 237, Bridgeport, CA 93517 (760) 932-5535. A copy will be provided to you for publishing (see section B for more information).

8a.	I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL STATEMENT ON FILE IN MY OFFICE. RENN NOLAN, MONO COUNTY CLERK By: _____ () Deputy () Assistant
The fictitious business name was filed in Mono County on: _____.	
File # _____.	